2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# H70409

Entity Name: MATSON INSURANCE & BONDING, INC.

Current Principal Place of Business:

770 S. DIXIE HWY.
STE. 100
CORAL GABLES, FL 33146 US

New Principal Place of Business:

700 S. DIXIE HWY.
STE. 100
CORAL GABLES, FL 33146 US

Current Mailing Address:

770 S. DIXIE HWY.
STE. 100
CORAL GABLES, FL 33146 US

New Mailing Address:

700 S. DIXIE HWY.
STE. 100
CORAL GABLES, FL 33146 US

FEI Number: 59-2565494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATSON, D. W III
770 S. DIXIE HWY.
STE. 100
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

MATSON, D. W III
700 S. DIXIE HWY.
STE. 100
CORAL GABLES, FL 33146 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 01/14/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MATSON, D. W., III,
Address: 532 SAN ESTEBAN
City-St-Zip: CORAL GABLES, FL 33146

Title: SD ( ) Delete
Name: MATSON, D W III
Address: 532 SAN ESTEBAN
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MATSON, D. W., III,
Address: 700 S. DIXIE HWY, SUITE 100
City-St-Zip: CORAL GABLES, FL 33146

Title: SD (X) Change ( ) Addition
Name: MATSON, D W III
Address: 700 S. DIXIE HWY, SUITE 100
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUFFIELD W. MATSON, III PD 01/14/2009
Electronic Signature of Signing Officer or Director — Date